



IMPACT CLIENT AGREEMENT VOCATIONAL EDUCATION OR JOB SKILLS TRAINING

State Form 48419 (8-97) / IMP 0026

I agree to the following:

- 1 As outlined in my plan for employment, I will seek and accept employment while attending the Vocational Education or Job Skills Training.
- 1 After researching my future **occupation** by interviewing at least one person who works in this occupation AND two employers who hire employees for this occupation, I agree to bring completed RESEARCHING THE OCCUPATION, INTERVIEW QUESTIONS to discuss with my IMPACT Family Case Coordinator. I will submit copies of the completed forms by this date: _____.
- 1 After researching **Vocational Education or Job Skills Training providers** which offer my future course of study, I agree to bring the completed RESEARCHING VOCATIONAL EDUCATION OR JOB SKILLS TRAINING PROGRAMS questionnaires (*one for each school*) to discuss with my IMPACT Family Case Coordinator. I will submit copies of the forms by this date: _____.
- 1 My course of study or training will relate directly to my employment goal as agreed upon in my plan for employment. I will only enroll in classes which relate directly to my goal or are required for the needed credential.
- 1 I understand that IMPACT can only approve programs that will not exceed 12 months, or if applicable, the end of my time-limited TANF benefits, whichever is less.
- 1 I understand that IMPACT will not pay for lodging, living expenses or supplies (*e.g. pens, pencils, paper, briefcases*).
- 1 I agree to participate in job readiness activities or work related activities **before** enrolling in my future program if my IMPACT Family Case Coordinator believes I would benefit from these activities (*such as career exploration or Work Experience*).
- 1 I will complete any necessary brush-up or remedial courses before enrolling in the training program to ensure my academic skills are solid enough to succeed in the program. Where possible, I will complete this work at no cost to the IMPACT Program.
- 1 I will apply **ONLY** to public schools that are approved by the appropriate State agency. If I believe there are circumstances which should allow me to attend a private school, I agree to discuss my reasons with my Family Case Coordinator. I understand the Local Office Director must also review and approve my reasons for not using a public institution.
- 1 I agree to apply for financial aid by this date: _____. Pell Grants and scholarships will be applied toward schooling costs **before** IMPACT funding will be considered. If I am ineligible for financial aid, I must present proof of denial to my IMPACT Family Case Coordinator.
- 1 I understand that if I am placed on academic probation or fail to meet the minimum academic or behavioral guidelines of the educational institution, IMPACT funding may be withdrawn.
- 1 I agree to attend my scheduled hours of activities each week as outlined in my plan for employment. If I fail to attend without good cause my scheduled activities each week, IMPACT funding may be withdrawn.
- 1 I will attend classes and notify my IMPACT Family Case Coordinator immediately if I must miss any class.
- 1 I will maintain a "C" average or above or its equivalent at the education institution.
- 1 I will notify my IMPACT Family Case Coordinator immediately if I begin to have difficulty understanding the course material or keeping up with my studies so that tutoring or other academic assistance can be provided (*if it is available in the community*).
- 1 I will submit a copy of my grades to my IMPACT Family Case Coordinator at the end of each semester or quarter.
- 1 I will seek and obtain written approval from my IMPACT Family Case Coordinator before I do any of the following: drop a class, discontinue attending classes, change academic programs or change schools.
- 1 I will locate an instructor or other authorized school representative who will verify my monthly attendance. I will submit this information to my IMPACT Family Case Coordinator by the 5th of the following month.
- 1 I will attend classes year round (*12 months a year*) if necessary courses are available.
- 1 I will seek, accept, and retain full-time employment related to my training. If employment is not available in the field, then I will seek, accept, and retain full-time employment in another field.
- 1 I understand that if I become ineligible for TANF (*if I am a TANF client*) or Food Stamps (*if I only receive Food Stamps*), IMPACT support may cease. I will contact my IMPACT Family Case Coordinator for detailed information.

Signature of client

Date (*month, day, year*)

Signature of IMPACT Family Case Coordinator

Date (*month, day, year*)